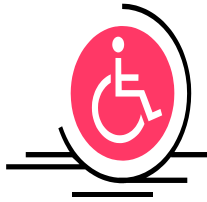


Governor's Office of Community Service
Access AmeriCorps Montana Disability Inclusion Policy



AmeriCorps Disability Inclusion

Montana wants individuals with disabilities to serve as AmeriCorps members. The Governor's Office of Community Service Disability Coordinator provides advocacy and outreach to address access and accommodation policies as a means to promote and expand service opportunities. Montana works hard to find ways for individuals with disabilities to share in the true spirit of volunteerism and service.

Policy

Programs that receive federal funding are required to act in accordance with requirements of the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act. In compliance with Federal law, all AmeriCorps programs prohibit any form of discrimination against persons with disabilities in recruitment, as well as in service. No qualified individual with a disability shall be denied the benefits of the program, be excluded from participation in services and activities or be subjected to discrimination by the program.

Reasonable Accommodation

A reasonable accommodation is any modification or adjustment to a program site that will enable a qualified applicant or AmeriCorps member with a disability to participate in the application process or to perform essential service functions. Reasonable accommodation also includes adjustments to assure that a qualified individual with a disability has rights and privileges in service equal to those of individuals without a disability.

All AmeriCorps programs shall make reasonable accommodation in practices and/or procedures when the accommodation(s) is/are necessary to avoid discrimination on the basis of disability. Accommodations are "reasonable" when they are practical or feasible. The program does not have to provide reasonable accommodation that would impose undue hardship on the operation of the program. According to the U.S. Equal Employment Opportunity Commission (EEOC), an undue hardship must be based on an individual assessment of current circumstances that show that a specific reasonable accommodation would cause significant difficulty or expense.

Procedure for Requesting Reasonable Accommodation Funds

The Governor's Office of Community Service offers reasonable accommodation funds to assist AmeriCorps State program sites operating in Montana. The following is the procedure for requesting reasonable accommodation funds.

1. AmeriCorps member requesting accommodation must first discuss the issue with the program director
2. Program Director of an AmeriCorps State program must complete the Application for Reasonable Accommodation Funds if a low-cost solution cannot be implemented. In addition, the applicant must provide a cost estimate from vendor. To get a copy of the Montana Governor's Office of Community Service Application for Reasonable Accommodation Funds, please contact Kathy Bean, Disability Inclusion Coordinator at kbean@mt.gov.
3. Submit the application to:
Gov's Office of Community Service
Kathy Bean/ Disability Inclusion Coordinator
P.O. Box 200801
406/444-5547
Helena, Mt. 59620

Review Process for Reasonable Accommodation Funds Request

1. Governor's Office of Community Service Disability Coordinator will receive all applications confidentially.
2. Governor's Office of Community Service Disability Coordinator will review all applications for completeness and accuracy.
3. Governor's Office of Community Service Disability Coordinator, Executive Director and Grants Manager will review the request for funding. A decision will be rendered within ten (10) working days. The committee will take into account the following factors:
 - a. Will the reasonable accommodation enable the individual to perform the essential functions of the position?
 - b. Is the accommodation an undue hardship to the Governor's Office of Community Service?
 - I. Type and cost of the accommodation needed.
 - II. Impact of the accommodation funds request upon the disability inclusion funds at the Governor's Office of Community Service.

- III. Overall size of the program requesting funds, with respect to the number of AmeriCorps members, and the number, type and location of its facilities.
 - c. Is the cost for the reasonable accommodation sensible?
 - d. Will the accommodation benefit other AmeriCorps members now or in the future?
 - e. Will the accommodation fundamentally alter the program design?
- 4. If the Governor's Office of Community Service approves the funds for reasonable accommodation, the program must submit invoices directly to the Governor's Office of Community Service Disability Coordinator. The invoices will be paid within approximately 30 days from receipt.
- 5. If the Governor's Office of Community Service denies the funds for reasonable accommodation, the AmeriCorps member or program can file a grievance to have the Governor's Office of Community Service decision evaluated by Governor's Office of Community Service Review Committee for final determination.

Appeal Procedure

The Governor's Office of Community Service has adopted an internal grievance procedure for prompt and expeditious resolution of complaints for the denial of a reasonable accommodation or potential discrimination of an AmeriCorps member based on disability. An appeal can be submitted to the Governor's Office of Community Service within 5 working days of the denial. A committee of Commission Staff and an Accessibility Consultant will reevaluate the appeal and render a decision within five working days.

- 4. Submit the appeal to:
 - Gov's Office of Community Service
 - P.O. Box 200801
 - 406/444-2573
 - Helena, Mt. 59620

**Governor's Office of Community Service – Opening Doors
REQUEST FOR FUNDS FOR REASONABLE ACCOMMODATION FORM**

The name of the member for whom the accommodation is being requested:

Dates and nature of discussion with person for whom accommodation(s) would be made:

The accommodation requested:

An explanation of why the program cannot provide the accommodation:

What external means of support was explored and results:

The total cost of the accommodation:

How the accommodation will be obtained (i.e. monthly contract, lump sum)

Name of AmeriCorps Program: _____

Address of AmeriCorps Program: _____

Phone Number: _____ Date: _____

Email address: _____

AmeriCorps Program Director's Name: _____

AmeriCorps Program Director's Signature: _____

Evaluation/Approval Form

Date request form received: _____

Approved Describe accommodation(s) approved:

Denied Describe reason(s) for denying:

Signature: _____

Date: _____